2150 6295	40923 4		State of Ne		Mot	or Ve	hicl	e A	ccid	er	nt Re	port		Shee	et _1	of _	2
2 Total Number			Local No./ Agency								HIT & RUN	INVESTIG	INVESTIGATION MADE AT SCENE?				
A/1	of Vehi		076 No. D3-093230								YES (In Mili	_	XYES NO STATE USE ONLY				
01 A/2	DATE OF ACCIDENT	10/06	6/2015 S M T W TH F S TIME OF ACCIDENT POLICE						ENT E	2105		Amended					
	PLACE OF	COUNTY	2411040101						NOTIF	ED		10/07/2015					
в 69	ACCIDENT	CITY	Lincoln						PRIVATE PROPERTY?			Y? YES NO	LATITUDE				
C	ROAD O ACCIDENT										ONE-WAY STREET?						
4	DISTANCE MILEPO		FEET N S E W OF MILEPOST					HIGHWAY NO.					LONGITUE				
D		IF AT INTERSECTION NAME OF INTERSECTING ROADWAY					EET \subset		_	AT INTERSECTION S E W OF NEAREST STREE				, BRIDGE, RAILROAD CROSSING			
1	S. 10th.	S. 10th. N St						- IVIILLO		_	01 14	E/WEOT OTKEE	ii, brabol	BRIDGE, RAILROAD GROSSING			
V1/M 03	<u> </u>		IF	ACCIDENT V	WAS OUTSI	DE CITY LIN	IITS, IN	DICATE [DISTANC	E FF	ROM NEAR	REST TOWN					-
V2/M	MILES		N S E	W AND MILES		N	S E		NEAREST Y OR TOW								
01	R. work	R1	R2 R3 R4	S. PEDES	STRIAN	S1 S2	S3	S4 S5-	a S5-b	S6-a	a S6-b	DOES ACCID					
E 2	ZONE CODES	ZONE 2 2 CLASSIFICATION												S PK >NO	OF LIKT		
						VE	HICLE	NO. 1									1
F 1	DRIVER LICENSE	ı	NO. H1360	9073								STATE (Of License)	NE	SI			
V1/N	DRIVER ALLISO	NJH	AVERMAN						PHONE 853		39	·	LOCAL N	Э.			
2 V2/N		RIVER ADDRESS CITY STATE 7IP DATE OF									V1/1						
2	OWNER	DWNER PHONE LOCAL NO.										18 V1/2					
G	OWNER ADDRI	ESS	CITY, STATE, ZIP CITATION Y YES CITATION NO.								- 1/2						
2 H			, Lincoln, NE PENDING NO								LB47	6139 STA			V1/3		
5	LICENSE PLATE	PA	NO. TWF882	MAKE	Mo	ODEL		BODY STY	/LE	(Pl	ate Expires)	2016	STIMATED	(Of P	late) E	NE	V1/4
V1/O	VEHICLE		2002 Nissan ABS 4 door Sedan blue totaled \$ 200														
1 V2/O	VEHICLE ID NO. (VIN)	1N4AL11D42C153684							Progressive POLICY NO.								
1	TOWED TO				TOWED BY						1610						V1/6
1	DRIVER					VE	HICLE	NO. 2				STATE	T) FEMALE	25
1	LICENSE DRIVER	I	NO. H12850698						DHONE			(Of License)	NE SEX HEMALE			-	
V1/P 1	NATHAN	ANIEL D MEYER 621-0228								V2/1							
V2/P	4222 W.	ZETY, STATE, ZIP 222 W. Billy CT, LINCOLN, NE 68524 CITY, STATE, ZIP CITY, STATE, ZIP DATE OF BIRTH (MM //DD / YYYYY) 06/17/1987									18 V2/2						
1 J	OWNER BRENT	D ME	YER						621		28		LOCAL N	0.			1.2.2
01		OWNER ADDRESS CITY, STATE, ZIP CITATION YES CITATION YES CITATION NO. PENDING X NO									V2/3						
V1/Q	LICENSE PLATE		NO. IMN8							(PI	YEAR ate Expires)	2015		STA (Of P	TE late)	NE	V2/4
4 V2/Q	VEHICLE	YEAR	MAKE MODEL					BODY STYLE COLOR				ESTIMATED DAMAGE TOTALED \$ 600			V2/5		
4	VEHICLE ID	1 14	осер от п					INSL				NSURANCE COMPANY			TOTALED \$ 000		
К	NO. (VIN) TOWED TO	134	4GL48K64W229475 TOWED BY							State Farm POLICY NO.					18 V2/6		
03	Complete this section for all injured persons						_	0740	1 1	1 2 3 4 5			25				
			plete a continuat	ion report, if n	nore than thi							OF BIRTH DD / YYYY)	Seat Position	Eject	Body Region	Injury Sev. Tra	ns. MF
VEH. #	NAME ADDRESS																
	LOCAL NO.	OCAL NO. MEDICAL FACILITY NAME				EMS SERVICE NAME					EMS RU	EMS RUN REPORT NO.					
VEH. #	NAME	AME ADDRESS										+					
	LOCAL NO.		MEDICAL FACILITY	NAME			EMS SE	RVICE NAM	E				EMS RU	N REP	DRT NO.		
VEH. #	NAME			AΩ	DDRESS								\perp				
V ⊆П. #					-												
	LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME EMS RUN REPORT								ORT NO.								

THE FOLLOWING INCORNATION IS BEGINDED FOR THE CONTROL OF THE CONTR									
THE POLLOWING	THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDEN INDICATE BY DIAGRAM WHAT HAPPENED AGE RE								
		B5-093250							
Indicate North by Arrow									
	59'4"								
	10th Street								
· · · · · · · · · · · · · · · · · · ·	'N' Street	<u></u> ,							
	2	59'8"							
	_								
		<u></u>							
 POI: Unknown vehs moved prior to ofcs arrival									
NOT TO SC	ALE								
	59'9"								
proceeded straight on N st as she was WB on N St. D1	said she collided with veh #2. D1 stated that it was her faul	t.							
OBJECT DAMAGED OWNER NAME	ADDRESS PHONE	APPROX. COST OF DAMAGE.							
OBJECT DAMAGED OWNER NAME OWNER NAME	ADDRESS PHONE	APPROX. COST OF DAMAGE							
NAME 90	ADDRESS	PHONE							
NAME NAME	ADDRESS	PHONE							
VEHICLE MOVEMENT POINT OF IMPA BEFORE COLLISION MOST DAMAGE	D AREA VEHICLE 1 VEHICLE								
VEH NO. N S E W ROAD OR (Enter numbers for HIGHWAY NAME)	,	ALCOHOL Driver Driver Pedes- TESTING No. 1 No. 2 trian							
	VEHICLE 2 DINT OF 03 1 Deployed - front 1 None used - vehic	ALCOHOL Y Y Y Cle occupant TESTED N X N X N							
MOST O	MOST MAGED 03 1 Deployed - front 2 Lap & shoulder bl tonly use 3 Deployed - both front/side 4 Lap belt only use	pelt used y used BAC LEVEL							
2 05 07 Making U-turn AREA 08 Entering traffic lane 00 None 02	AREA 4 Not deployed 5 Child safety seat 5 Not applicable/ 6 Child booster sea No airbag available 7 DOT approved he 6 Unknown 8 Costume helmet	used at used DRUGS DRUGS DRUGS 1 1							
01 Essentially 09 Leaving straight ahead straight ahead straight ahead 02 Backing 10 Parked 11 Total (all areas) 11 Slowing or 11 Total (all areas)	05 VEHICLE 2 9 Restraint use unk	E 2 2 Yes - alcohol suspected							
03 Changing lanes 11 Slowing or 04 Overtaking/ stopped in traffic Passing 12 Other 08 Turning right 13 Unknown	07 06 - 4 - 2	3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown							
OFFICER NO. 1583 TROOP/ TEAM/ BEAT/ CE	Lincoln Police Department	Photographs YES taken?							
INVESTIGATOR NAME (Print or Type) Jorge Dimas	Approved by Officer Jorge Dimas	DATE OF 10/07/2015							